## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

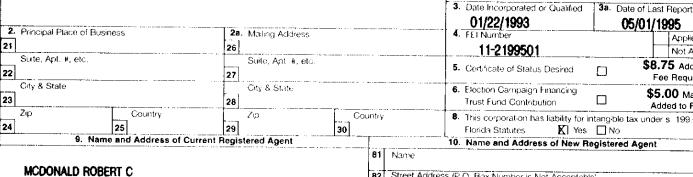
93000005518 (4)	
NG CO., INC.	
	` '

Principal Place of Business 910 S.W. 15TH AVE. DELRAY BEACH FL 33444

> 910 SW 15TH AVENUE **DELRAY BEACH FL 33444**

Mailing Address

910 S.W. 15TH AVE. DELRAY BEACH FL 33444



		Trost rand Goritabation		Added to Fees
ountry 	,	8. This corporation has liabili Florida Statutes	ty for intang-ble ] Yes □ No	tax under s 199.032,
		10. Name and Address of N	lew Registere	d Agent
81	Name			
82	Street Address	s (P.O. Box Number is Not Acc	eptable)	
83				

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Zip Code

Not Applicable

11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am factory, the obligations of, Section 607.0505, Florida Shitutes.

City

SIGNATURE	Kobert a. McD	nald		APRIL 29, 1996
12.	Synthe tricacripmental and chapter fajer a Tribital OFFICERS AND DIRECT	ा-सम्	<ul> <li>Fesquiere d'Aject signature rennue;</li> <li>13.</li> </ul>	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1 1 TIFLE	Change Addition
NAME	MCDONALD, ROBERT C		1.2 NAME	
STREET ADDRESS	8959 INDIAN RIVER RUN		1.3 STREET ADDRESS	
CITY - S1 - ZIP	BOYNTON BEACH FL 33437		14 CitY - S*-7/P	
TITLE	D	DELETE	2 1 TITLE	Change Addition
NAME	MCDONALD, SHAWN		2.2 NAME	
STREET ADDRESS	1116 HANOVER AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIF	NORFOLK VA 23508		2.4.0(I.YS1-ZIP	
TIFLE	D	DELETE	3 TITLE	Change 🖼 Addition
NAME	BECKER DEBRA		3.2 NAME	
STREE! ADDRESS	20 MANOR LANE		3.3 STREET ADDRESS	
CITY ST-ZIP	E. HAMPTON NY 11937		3.4 CIFY - \$1 - ZIP	11937
TITLE		DELETE	4 1 7 7 1 5	

CITY - ST - ZIP 4.4 CITY - ST - ZIF TITLE DELETE 5 1 THILE Change Add tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - \$1 - 7IP 5.4 CITY - ST ZIP TITLE DELETE 6 1 Title Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

4 1 THEF

4.2 NAME

4.3 STREET ADDRESS

DELETE

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee on powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block

6.4 CITY - \$1 - ZIP

SIGNATURE:

NAME

STREET ADDRESS

City-St-ZiP

Kohert C. McJwald SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

ROBERT C. McDONALD 4/29/96

Change

Addition